

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 013534513	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9		1					59				
10		1					60				
11		1					61				
12	1						62				
13		1					63				
14		1					64				
15		1					65				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	12						TOTAL IND.				
TOTAL DEP.	13						TOTAL DEP.				
TOTAL CLAIMS	15						TOTAL CLAIMS				